



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053200001

CITY OR TOWN HOLBROOK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ZHENG'S, INC.

DOING BUSINESS AS GOLDEN PACIFIC RESTAURANT

ADDRESS 470 NO. FRANKLIN ST.

CITY/TOWN: HOLBROOK

STATE: MA

ZIP CODE: 02343

MANAGER: ZHENG, JIN RONG TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, one DINING ROOMS, 1 LOUNGE, KITCHEN, OFFICE, 2 LAVATORIES, STORAGE ROOM, WALK IN STORAGE CHEST, NO CELLAR, 2 FRONT ENTRANCES AND 2 EXITS TO BACK OF PARKING LOT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053200003

CITY OR TOWN HOLBROOK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BLDG.ASSOC.OF WILLIAM DALTON POST#137 A.L.INC

DOING BUSINESS A DALTON CLUB

ADDRESS 777 PLYMOUTH STREET

CITY/TOWN: HOLBROOK

STATE: MA

ZIP CODE: 02343

MANAGER: DAVEY, CARL
ERIC

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS; BASEMENT AS A MEETING ROOM FOR MEMBERS. 2ND FLR CONSISTS OF
MAIN HALL, LOUNGE AND KITCHEN

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053200007

CITY OR TOWN HOLBROOK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BLD.ASSOC.F.BRANSFIELD COUN.K.OF C.#5046 INC.

DOING BUSINESS A

ADDRESS 1 FATHER MCGIVNEY WAY

CITY/TOWN: HOLBROOK

STATE: MA

ZIP CODE: 02343

MANAGER: O'DONNELL
STEVEN E.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

HALL AND BAR ON FIRST FLOOR PLUS CELLAR CLUB ROOM

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053200008

CITY OR TOWN HOLBROOK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 73-77 UNION STREET, INC,

DOING BUSINESS A UNION STREET PUB

ADDRESS 75 UNION STREET

CITY/TOWN: HOLBROOK

STATE: MA

ZIP CODE: 02343

MANAGER: NYSTROM,
CYNTHIA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS, THREE ROOMS ON FIRST FLOOR; ONE USED AS BAR, ONE AS KITCHEN, ONE AS DINING ROOM, 2 ROOMS IN BASEMENT, ONE USED AS STORAGE, ONE UNUSED

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053200009

CITY OR TOWN HOLBROOK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ELIZABETH M. AIELLO

DOING BUSINESS AS COTTAGE VARIETY

ADDRESS 1 BEACH RD

CITY/TOWN: HOLBROOK

STATE: MA

ZIP CODE: 02343

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 ROOMS, ONE FLOOR

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053200011

CITY OR TOWN HOLBROOK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GREGG LAKE ASSOCIATES, INC

DOING BUSINESS AS HIGHLAND LIQUORS

ADDRESS 464 N FRANKLIN ST

CITY/TOWN: HOLBROOK

STATE: MA

ZIP CODE: 02343

MANAGER: IERARDI, JOSEPH V. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SALES AREA IN FRONT AND TWO STORAGE ROOMS TO REAR, COOLER CHESTS ARE AT REAR WALL OF FRONT SALES AREA- ONE FRONT ENTRANCE AND ONE FRONT EXIT AT THE PARKING LOT AND TWO REAR ENTRANCES- ALL AREA IS ON GROUND FLOOR

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EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053200012

CITY OR TOWN HOLBROOK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HOLBROOK PACKAGE, INC.

DOING BUSINESS AS HOLBROOK PACKAGE STORE

ADDRESS 41 PLYMOUTH ST

CITY/TOWN: HOLBROOK

STATE: MA

ZIP CODE: 02343

MANAGER: PUNJABI, VEENA TYPE OF LICENSE: Package Store CATEGORY: All Alcohol D.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, ONE ROOM, NO CELLAR

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053200013

CITY OR TOWN HOLBROOK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SUMMIT RETAIL CORPORATION

DOING BUSINESS A HOLBROOK COMMUNITY PACKAGE

ADDRESS 807 SO FRANKLIN ST

CITY/TOWN: HOLBROOK

STATE: MA

ZIP CODE: 02343

MANAGER: FRIEDMAN,
RICHARD W.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CONCRETE BLOCK BLDG, NO BASEMENT, RIGHT SIDE EMERGENCY EXIT
DOOR. BACK ROOM, RIGHT SIDE, SERVICE DOOR

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TELEPHONE NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053200014

CITY OR TOWN HOLBROOK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHIV C. LILLANEY

DOING BUSINESS AS FAST LANE CONVENIENCE

ADDRESS 230 UNION STREET

CITY/TOWN: HOLBROOK

STATE: MA

ZIP CODE: 02343

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BLDG. ONE ROOM

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053200016

CITY OR TOWN HOLBROOK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE T. SIKDER CORP.

DOING BUSINESS A TEDESHI'S #343

ADDRESS 31 NORTH FRANKLIN STREET

CITY/TOWN: HOLBROOK

STATE: MA

ZIP CODE: 02343

MANAGER: PARVEG,MOHAM TYPE OF LICENSE: Package Store
MAD NAHID

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE-HALF OF A ONE-STORY BRICK BLDG. WITH TWO ENTRANCE IN THE FRONT, ONE OF WHICH IS LOCKED AND AN EXIT IN THE REAR-31.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053200017

CITY OR TOWN HOLBROOK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MARY DAY LE

DOING BUSINESS AS HOLBROOK LIQUORS

ADDRESS 4 SOUTH FRANKLIN ST

CITY/TOWN: HOLBROOK

STATE: MA

ZIP CODE: 02343

MANAGER: DAY LE, MARY

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM ON GROUND FLOOR AND CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053200020

CITY OR TOWN HOLBROOK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JD SMITH CORP

DOING BUSINESS AS SMITH'S RESTAURANT

ADDRESS 220 SOUTH FRANKLIN ST

CITY/TOWN: HOLBROOK

STATE: MA

ZIP CODE: 02343

MANAGER: SMITH, TIMOTHY M. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE PREMISE CONSISTS OF A ONE-STORY BUILDING, APPROX. 2000 SQ FT MORE OR LESS, WITH DINING AREA, KITCHEN AND STORAGE AREA. TWO ENTRANCES/EXITS IN FRONT AND ONE EXIT IN REAR

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053200021

CITY OR TOWN HOLBROOK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HALFWAY CAFÉ INC.

DOING BUSINESS AS HALFWAY CAFÉ

ADDRESS 200 SOUTH FRANKLIN ST

CITY/TOWN: HOLBROOK

STATE: MA

ZIP CODE: 02343

MANAGER: WHITE, TRAVIS M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY WOOD FRAME W/ DINING RM, LOUNGE, KITCHEN & PREP-KITCHEN, FAMILY ENTERTAINMENT ROOM, FRONT ENTRANCE/EXIT, REAR ENTRANCE/EXIT, RIGHT SIDE ENTRANCE/EXIT (2), WAITING AREA, FUNCTION ROOM. OUTSIDE PATIO AREA ON REAR OF BLDG. APPROX. 20' X 25'.

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053200022

CITY OR TOWN HOLBROOK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Maria's Pizzeria, LLC

DOING BUSINESS AS

ADDRESS 134 South Franklin St

CITY/TOWN: HOLBROOK

STATE: MA

ZIP CODE: 02343

MANAGER: Panos, Panagiotis G. TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

single story wood frame bldg. 2500 sq ft with dining area and kitchen separated by counter. Office and storage in basement. Outside deck, beer and wine allowed inside of building only. 2 exits/entrances in dining area, 2 in rear

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053200023

CITY OR TOWN HOLBROOK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ASP CONVENIENCE INC.

DOING BUSINESS AS CLERKS VARIETY STORE

ADDRESS 247A PLYMOUTH STREET

CITY/TOWN: HOLBROOK

STATE: MA

ZIP CODE: 02343

MANAGER: PATEL,

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

VIRALKUMAR S.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 1100 SQ.FT. OF A ONE-STORY TWO UNIT CONCRETE BLOCK BLDG. ON
EXIT/ENTRANCE IN FRONT, ONE EMERGENCY EXIT IN REAR.

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053200024

CITY OR TOWN HOLBROOK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SENDHI CORP.

DOING BUSINESS AS HOLBROOK FOOD MART

ADDRESS 855 SOUTH FRANKLIN STREET

CITY/TOWN: HOLBROOK

STATE: MA

ZIP CODE: 02343

MANAGER: PATEL,
MANJULABEN

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

approx. 39x48 commercial space in a one story two unit concrete block building...main entry/exit in front, emergency exit/loading door in rear, walk in cooler for display and storage

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(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053200025

CITY OR TOWN HOLBROOK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANG PIZZA INC.

DOING BUSINESS AS LEGGOS

ADDRESS 120 NORTH FRANKLIN STREET

CITY/TOWN: HOLBROOK

STATE: MA

ZIP CODE: 02343

MANAGER: BOERMAN,
TERESA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 1340 SQ FT ON THE FIRST FLOOR OF A TWO STORY WOOD FRAME
COMMERCIAL BUILDING...WITH DINING AREA...KITCHEN; STORAGE AREA; NO
BASEMENT, 2 ENTRANCE/EXITS IN DINING ROOM...1 EXIT ON REAR OF
BUILDING...DOES NOT INCLUDE OUTSIDE PATIO AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053200026

CITY OR TOWN HOLBROOK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: UNION STREET LANES,LLC

DOING BUSINESS A

ADDRESS 229/231 UNION ST

CITY/TOWN: HOLBROOK

STATE: MA

ZIP CODE: 02343

MANAGER: QUIRK,GERARD

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY,STEEL FRAMED BLSG.APPROX 12,000 SQ. FT. WITH 700 SQ.
FT.DESIGNATED RESTAURANT AREA..BOWLING ALLEY HAS 1 MAIN ENT/EXIT AND 4
SIDE EXITS.RESTAURANT HAS SEPARATE ENT/ 3 EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE: